



Application Data Sheet

Application Information

Application number::	09/580,018
Filing Date::	05/26/00
Application Type::	Regular
Subject Matter::	Utility
Sequence Submission::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE
Attorney Docket Number::	15270J-004760US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	18
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Dale
Middle Name::	B.
Family Name::	Schenk
Name Suffix::	
City of Residence::	Burlingame
State or Province of Residence::	CA

Country of Residence:: US
Street of Mailing Address:: 1542 Los Altos Drive
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Frederique
Middle Name::
Family Name:: Bard
Name Suffix::
City of Residence:: Pacifica
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1111 Park Pacifica Avenue
City of Mailing Address:: Pacifica
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94044

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Theodore
Middle Name::
Family Name:: Yednock
Name Suffix::
City of Residence:: Forest Knolls

State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 184 Arroyo Road
City of Mailing Address:: Forest Knolls
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94933

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Assignee Information

Assignee Name:: Neuralab Limited
Street of mailing address:: 102 St. James Court
City of mailing address:: Flatts
State or Province of mailing address:: Smiths
Country of mailing address:: Bermuda
Postal or Zip Code of mailing address:: FL 04